

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EArgen	15 926	1-16-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/29/01
2	✓	✓	10/29/01
3	✓	✓	10/29/01
4	✓	✓	10/29/01
5	✓	✓	10/29/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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